COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for the following type of application:

\boxtimes	Original
	Design
	National Stage of PCT
	Supplemental
	Divisional
	Continuation
	C-I-P

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

SALAD DRESSING WITH WEIGHT LOSS SUPPLEMENT

SPECIFICATION IDENTIFICATION

\boxtimes	The specification is attached hereto.
	The specification was filed on [date] as Application No.
	The specification was described and claimed in PCT International
	Application No. filed on .

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. Section 1.98.

POWER OF ATTORNEY

I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

CUSTOMER NO. 24283

SEND CORRESPONDENCE TO:

CUSTOMER NO. 24283

DIRECT TELEPHONE CALLS TO:

Thomas Swenson 303-894-6111

Country of Citizenship USA

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Carl A. Forest

Inventor's signature

Date ______

Residence Bould Post Office Address

Boulder, Colorado

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